

1551

... RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 179  
Registered No. 179

1. PLACE OF BIRTH

County Gila State ARIZONA  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. \_\_\_\_\_ St. \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child George Blanco { If child is not yet named, file supplemental report, as directed

3. Sex male 4. Twin, triplets, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Is mother married? Yes 8. Date of birth January 23rd, 1936  
(Month, day, year)

9. Full name FATHER Julio Blanco 18. Full maiden name MOTHER Encarnation Leon

10. Residence (usual place of abode) Miami, Arizona. 19. Residence (usual place of abode) Miami, Arizona.  
(If non-resident, give place and State)

11. Color or race Spanish 20. Color or race Spanish 12. Age at last birthday 29 (Years) 21. Age at last birthday 27 (Years)

13. Birthplace (city or place) Bilboa, Spain. 22. Birthplace (city or place) Madrid, Spain.  
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper mining 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home.

16. Date (month and year) last engaged in this work January 1937 17. Total time (years) spent in this work \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living six (b) Born alive but now dead none (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation \_\_\_\_\_ months or weeks 29. Cause of stillbirth \_\_\_\_\_ During labor \_\_\_\_\_ Before labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9:00 P. m. on the date above stated (Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report 736-123-535 (Date of) \_\_\_\_\_

(Signed) Cyril M. Cron, M.D.  
or CYRIL M. CRON M.D., Midwife

Address Miami, Arizona. Filed November 6th, 1936. C. M. Cron Registrar